

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF January

Date: February 11, 2009

CONTRACTOR: Hawaiian Building Maintenance
ADDRESS: 1003 Bishop St Suite 20202
City, State ZIP: Honolulu, HI 96813

Contract No. 56992 ☒

DAGS Job No. 12-20-2594

PROJECT TITLE: Leeward Community Health Center Air Conditioning System Improvements

CONTRACT

Basic Contract Amount \$ 405,000.00

CHANGE ORDERS

Total \$ 16,100.00

Adjusted Contract Amount \$ 421,100.00

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☐ PROJECT SCHEDULE - INITIAL & ONGOING

☐ DAILY REPORTS

☐ PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

☐ CONTRACT NUMBER

☐ PROJECT NAME & LOCATION

☐ ALL SIGNATURES

WORK ACCOMPLISHED

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	22.96%	\$ <u>93,007.61</u>	0.00% \$ <u>-</u>	\$ <u>93,007.61</u>
Retained		\$ <u>4,650.00</u>	\$ <u>-</u>	\$ <u>4,650.00</u>
Amount Subject to Payment		\$ <u>88,357.61</u>	\$ <u>-</u>	\$ <u>88,357.61</u>
Payments to Date				\$ <u>-</u>
Payments Now Due		\$ <u>88,357.61</u>	\$ <u>-</u>	\$ <u>88,357.61</u>

Payment No. 1

Remarks:

1. Computed and Checked by:

3. Recommended: [Signature] Project Inspector or Engineer

Date: 2/25/2009

4. Recommended: [Signature] Area Engineer/Architect

Date: 2/24/2009

5. Approved: [Signature] Branch Chief or District Engineer

Date: FEB 26 2009

[Signature] State Public Works Administrator

Date: MAR - 2 2009

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

Hawaiian Building Maintenance

Name of Contractor

By signature / Title: [Signature] VP

Date: 2/11/09

**Department of Accounting and General Services
Division of Public Works**

CONTRACTOR:	Hawaiian Building Maintenance	Contract No.: 0
PROJECT TITLE:	Leeward Community Health Center Air Conditioning Sys	DAGS Job No.: 12-20-2594

CLOSED			LICENSE	BASIC CONTRACT	COMPL.	%	RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	CMPL	%	AMOUNT RETAINED
	Hawaiian Building Maintenance	General	BC - 27276		\$93,008	#DIV/0!	5%	\$4,650

<u>SUBCONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC SUB-CONTRACT AMOUNT</u>	<u>COMPL TO DATE</u>	<u>% CMPL</u>	<u>RETN %</u>	<u>SUB-CONTRACT AMOUNT RETAINED</u>
hawaiian crane			\$9,000		0.00%	10%	\$0
ted's wiring service	Electrical	BC - 3905	\$60,000		0.00%	10%	\$0
unitek Insulation	Asbestos	C - 11851	\$60,000		0.00%	10%	\$0
unitek Technical Services	Insulation	C - 15299	\$10,000		0.00%	10%	\$0
BJ Brothers painting	Painting	C - 16383	\$11,000		0.00%	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs							\$0

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$4,650
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Checked/Verified by:

Name of Contractor

Date _____

Initial - Project Inspector or Engineer

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 1

PROJECT TITLE: LEEWARD HEALTH CENTER - AIR CONDITIONING SYSTEM IMPROVEMENTS

BILLING MONTH: January-09

DAGS JOB NO.: 1 2-20-2594

CONTRACT NO.: 56992

CONTRACTOR: HBM ACQUISITIONS, LLC

VENDOR CODE: 29892700

Original Contract Payment		Suffix: 1			
Suffix	Fund Symbol		Amount Earned	Retainage	Amount Due
01	B06-418M		\$93,007.61	\$4,650.00	\$88,357.61
		Totals:	\$93,007.61	\$4,650.00	\$88,357.61

Change Order Payment		Suffix: 2			
Suffix	Fund Symbol		Amount Earned	Retainage	Amount Due
02	B06-418M		\$0.00	\$0.00	\$0.00
		Totals:			
Grand Total:			\$93,007.61	\$4,650.00	\$88,357.61

Verified By Y Xu

DATE 03/03/2009

(This Section for Administrative Services Office Use Only)

Vendor Code 29892700

Cost Code 3A1

Voucher No. 03042N17

Verified By for 3/10/09